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**Rules of**  
**Department of Economic**  
**Development**  
**Division 90—State Board of Cosmetology**  
**Chapter 3—Students**

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**Title 4—DEPARTMENT OF  
ECONOMIC DEVELOPMENT  
Division 90—State Board of  
Cosmetology  
Chapter 3—Students**

**4 CSR 90-3.010 Students**

*PURPOSE: This rule explains qualifications and requirements for cosmetology students.*

(1) Registration.

(A) Any person desiring to enroll in a school of cosmetology or any person desiring to enter into an apprenticeship training program, shall contact the school or shop of intended enrollment and obtain an enrollment form supplied by the board. At least two (2) weeks prior to the commencement of any program of instruction, that person shall return the completed enrollment form to the school or shop of intended enrollment and that school or shop, if the student is accepted, shall approve it and submit it to the board. The form shall be accompanied by the proper fee(s) and include the following information:

1. The applicant's name and address;
2. The name and address of the school or shop of enrollment;
3. Proof of age—birth certificate or driver's license (applicant must be seventeen (17) years of age by the time application is made for examination);
4. Proof of successful completion of the tenth grade (completion of at least ten (10) high school credits)—diploma, general educational development (GED) certification or official school transcript indicating student's name, grade level and number of credits completed;
5. Two (2) or more character references;
6. Two (2) bust photographs measuring two inches by two inches (2" × 2") which have been taken within the last two (2) years;
7. Signature of applicant; and
8. Signature of school owner/representative and school seal.

(B) No person shall be given credit for any training received by a school or shop until a properly completed student enrollment form has been received and approved by the board and a student license is returned to the school or shop. The student license shall expire on the expiration date. The expiration date will be calculated from the scheduled hours of attendance per week plus an additional fifty percent (50%) of the scheduled attendance period. A new application shall be submitted should the student or apprentice wish to continue training beyond the expiration date.

(C) Change of Status. For any student/apprentice desiring to make a change to his/her original enrollment application, continue training at the time application is made for examination or continue training beyond the expiration of the student/apprentice license, an application for change of status shall be made to the board on a form supplied by the board. The form shall be accompanied by the student/apprentice license and the enrollment application fee and shall be post-marked no later than three (3) days from the effective date of the change of status. The change of status application shall include an interim certificate which shall be valid for twenty (20) days from the date of application and shall be retained by the school/shop to serve as the training license for the student/apprentice until the amended license is received from the board.

(2) Qualification for State Exam.

(A) Because state law requires a student or apprentice to have completed training requirements in a school or in a shop before s/he will be allowed to take the state examination, no person will be admitted to take a state examination except upon a satisfactory showing that training requirements have been completed.

(B) No training received in a school may be credited towards the fulfillment of the hours necessary in an apprenticeship program and no training received in a beauty shop may be credited towards the hours necessary in a school to meet the minimum requirements necessary to qualify for a state examination.

(C) For the purpose of meeting, the minimum requirements for examination, training completed by a student or apprentice shall be recognized by the board for a period of no more than five (5) years from the date it is received.

(D) In order to be scheduled for examination, a properly completed application on a form supplied by the board must be received in the Jefferson City office along with the examination fee and a certification of payment of contractual fees completed by the school on a form supplied by the board no less than ten (10) working days prior to the first day of each scheduled examination. Applications received after this cut-off date and all applications received after every available space for the examination has been filled, whether that application was received prior to or after this cut-off date, shall be scheduled for the next regularly scheduled examination.

(E) The minimum passing examination scores required for licensure as an operator are—seventy-five percent (75%) for the prac-

tical examination and seventy-five percent (75%) for the written examination.

(3) Temporary Permit. An individual operating under a temporary permit shall be under the supervision of a person licensed in cosmetology in the specific classification of the temporary permit. A temporary permit issued to a student or apprentice pursuant to section 329.060, RSMo will be terminated if the student or apprentice fails to pass an examination or fails to appear for a scheduled examination administered by the State Board of Cosmetology. An additional temporary permit shall not be issued to any individual. Thereafter, the person may practice any of the classified occupations of cosmetology in Missouri only after passing a state examination and receiving a license.

(4) Failure of State Exam.

(A) Any person desiring to retake an examination for any reason will be required to submit the regular examination application and fee to the National Interstate Council for Cosmetology Boards (NIC) testing company before being scheduled for the examination.

(5) Transfer of Students.

(A) Any student desiring to change schools shall contact the school in which s/he is currently enrolled and request termination. The school shall terminate the student as required by 4 CSR 90-2.010(5)(D) within two (2) weeks of the student's request to be terminated. After the proper termination papers and the student license have been received by the board, the student may make application for enrollment with another school in accordance with 4 CSR 90-3.010(1) and 4 CSR 90-2.010(5)(B).

(B) For the purposes of meeting the minimum requirements for examination, training completed by a student or apprentice who has transferred between schools or shops or has had a lapse of time between enrollments in the same school or shop shall be recognized by the board for a period of no more than five (5) years from the date it was received.

(C) Out-of-State Training. Any person desiring credit for training received in another state shall submit an affidavit completed by the state licensing board or the school where the hours were completed which verifies the following: applicant name; school name and address; date of termination of training; total hours earned by the student; and distribution of those hours by subjects as required by section 329.040, RSMo or 4 CSR 90-2.010(5)(A). The affidavit shall be completed on a form supplied by the Missouri State Board of Cosmetology and shall also contain



the name and title of the person completing the form, the date completed and the state board seal, school seal or notary statement. Training completed by the applicant shall be recognized by the board for a period of no more than five (5) years from the date it was received.

*AUTHORITY:* sections 329.210, RSMo Supp. 1997 and 329.230, RSMo 1994.\* This version of rule filed June 26, 1975, effective July 6, 1975. Amended: Filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Feb. 9, 1983, effective May 12, 1983. Amended: Filed April 13, 1983, effective July 11, 1983. Amended: Filed Feb. 10, 1984, effective May 11, 1984. Amended: Filed Oct. 14, 1986, effective Jan. 30, 1987. Emergency amendment filed Jan. 30, 1987, effective Feb. 9, 1987, expired June 9, 1987. Emergency amendment filed March 2, 1987, effective March 12, 1987, expired July 10, 1987. Amended: Filed Jan. 30, 1987, effective Jan. 1, 1988. Amended: Filed June 16, 1987, effective Aug. 27, 1987. Amended: Filed Oct. 16, 1987, effective Jan. 14, 1988. Amended: Filed Feb. 1, 1988, effective April 28, 1988. Amended: Filed March 31, 1988, effective June 27, 1988. Amended: Filed April 19, 1989, effective July 1, 1989. Amended: Filed Aug. 2, 1990, effective Dec. 31, 1990. Amended: Filed Dec. 14, 1995, effective June 30, 1996. Amended: Filed Dec. 31, 1997, effective July 30, 1998.

\*Original authority: 329.210, RSMo 1939, amended 1945, 1945, 1981, 1987, 1993, 1995 and 329.230, RSMo 1939, amended 1945, 1981, 1985.

**Op. Atty. Gen. No. 332, Casey (9-1-67).** Board of Cosmetology does not have authority to waive statutory requirement that apprentice or student be at least seventeen years of age.

**Op. Atty. Gen. No. 223, Casey (6-1-67).** A registered cosmetology school cannot require its students to pass a final examination before releasing the students' hours and allowing the students to take their state board examination. The right to a state license is not dependent only upon having the qualifications required by section 329.050, RSMo Supp. 1965, as determined by the board.

**Op. Atty. Gen. No. 16, McBrayer (2-4-65).** Local school district that desires to operate a school of cosmetology must apply for registration and pay annual registration fee and students of such schools must be registered and pay the student license fee.

**Op. Atty. Gen. No. 59, McBrayer (1-22-64).** Members of Board of Cosmetology cannot be compensated for conducting examinations.



MISSOURI STATE BOARD OF COSMETOLOGY  
STUDENT ENROLLMENT APPLICATION

**S T**

<b>INSTRUCTIONS</b>				NEW	TRANSFER	ADD'L ADVANCED TRAINING
THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION (REFER TO X'ED BOXES AT RIGHT).				<input checked="" type="checkbox"/>		
1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.				<input checked="" type="checkbox"/>		
2. PROOF OF EDUCATION (MUST HAVE SUCCESSFULLY COMPLETED 10TH GRADE OR EQUIVALENT WITH AT LEAST 10 HIGH SCHOOL CREDITS): PHOTOCOPY OF DIPLOMA(S), TRANSCRIPT(S), OR GED CERTIFICATION.				<input checked="" type="checkbox"/>		
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" x 2".				<input checked="" type="checkbox"/>		
4. \$5.00 ENROLLMENT FEE.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TO BE COMPLETED BY APPLICANT</b>						
1. NAME (FIRST, MIDDLE, LAST)				2. SOCIAL SECURITY NUMBER		
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)						
4. DATE OF BIRTH		5. TELEPHONE NUMBER		6. EDUCATION		7. YEAR LAST GRADE WAS COMPLETED
MO.	DAY	YEAR	CIRCLE LAST GRADE COMPLETED			
			8	9	10	11
			12	GED ( )		
8. SCHOOL WHERE LAST GRADE WAS COMPLETED				9. SCHOOL ADDRESS (CITY AND STATE)		
<b>10. CHARACTER REFERENCES</b>						
NAME			ADDRESS (STREET, CITY, STATE, ZIP)			
a.						
b.						
11. IF ANSWERS TO QUESTIONS 1, 2, OR 3 ARE YES, PLEASE EXPLAIN.						
<b>HAVE YOU</b>					YES	NO
1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY SCHOOL?					<input type="checkbox"/>	<input type="checkbox"/>
2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY SALON?					<input type="checkbox"/>	<input type="checkbox"/>
3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN MISSOURI OR ELSEWHERE?					<input type="checkbox"/>	<input type="checkbox"/>
12. EXPLANATION						
I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL						
13. COSMETOLOGY SCHOOL NAME					14. SCHOOL LICENSE NUMBER	
15. SCHOOL ADDRESS					16. TELEPHONE NUMBER	
17. FOR THE FOLLOWING COURSE				18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY		
<input type="checkbox"/> CLASS CA - HAIRDRESSING AND MANICURING				SUNDAY		
<input type="checkbox"/> CLASS CH - HAIRDRESSING				MONDAY		
<input type="checkbox"/> CLASS MO - MANICURIST				WEDNESDAY		
<input type="checkbox"/> CLASS E - ESTHETICIAN				THURSDAY		
<input type="checkbox"/> FULL-TIME				FRIDAY		
<input type="checkbox"/> PART-TIME				SATURDAY		
<input type="checkbox"/> EVENING						
19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY AND I WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY STUDENT LICENSE.						
APPLICANT SIGNATURE ► _____						
<b>TO BE COMPLETED BY COSMETOLOGY SCHOOL</b>						
20. THE ABOVE-NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING _____ OR UPON RECEIPT OF THE STUDENT LICENSE, <b>WHICHEVER IS LATER</b> . WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.					23. SCHOOL SEAL	
21. NAME OF SCHOOL						
22. SIGNATURE OF OWNER OR REGISTRAR				DATE		



MISSOURI STATE BOARD OF COSMETOLOGY  
CHANGE OF STATUS APPLICATION

- |   |   |
|---|---|
| <input type="checkbox"/> ENROLLMENT INFORMATION | <input type="checkbox"/> STUDENT            |
| <input type="checkbox"/> ADDITIONAL HOURS       | <input type="checkbox"/> INSTRUCTOR TRAINEE |
|   | <input type="checkbox"/> APPRENTICE         |

**INSTRUCTIONS — READ BEFORE COMPLETING CHANGE OF STATUS APPLICATION. TYPE OR PRINT LEGIBLY.**

THIS APPLICATION WILL NOT BE ACCEPTED IF POSTMARKED LATER THAN 3 DAYS FROM THE EFFECTIVE DATE OF THE CHANGE OF STATUS (SECTION D).

1. This form is to be used for change of status for students/instructor trainees and apprentices. Indicate the appropriate check box at the upper right of the form and on the Interim Certificate below. In case of a location change of an individual to another school/shop owned by the same entity, check enrollment information box above and complete the location information in original and revised areas of Section B.
2. For any change of status the school/shop must complete Sections A, B, D, and E. **Section C must be signed by the applicant.**
3. Upon completion of this form, including signatures of both school/shop and applicant, the first page should be removed and submitted to the State Board Office, along with the student/instructor trainee license and a \$5.00 fee or the apprentice license and a \$15.00 fee. The Interim Certificate should then be removed from the perforated second page of the application and posted within the school/shop until the revised license is returned for the applicant. After receipt of the revised license, the Interim Certificate is to be destroyed. The second page of the application is to be kept by the school/shop in the applicant's file.

**SECTION A — APPLICANT'S PERSONAL DATA**

NAME	FIRST	MIDDLE	LAST
PERMANENT ADDRESS	STREET	CITY	STATE ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER	LICENSE NUMBER	

**SECTION B - COMPLETED FOR APPLICANTS BY SCHOOL/SHOP**

<b>PRESENT ENROLLMENT INFORMATION</b>		<b>HOURS ACCUMULATED DURING THIS LICENSE PERIOD ►</b>			
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY			
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> CLASS CH - HAIRDRESSING	MONDAY	WEDNESDAY	FRIDAY	SUNDAY
<input type="checkbox"/> EVENING	<input type="checkbox"/> CLASS MO - MANICURIST				
	<input type="checkbox"/> CLASS E - ESTHETICIAN	TUESDAY	THURSDAY	SATURDAY	
	<input type="checkbox"/> LOCATION (SPECIFY ADDRESS BELOW)				

**REVISED ENROLLMENT INFORMATION**

<input type="checkbox"/> FULL-TIME		<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY			
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> CLASS CH - HAIRDRESSING	<input type="checkbox"/> CLASS MO - MANICURIST	MONDAY	WEDNESDAY	FRIDAY	SUNDAY
<input type="checkbox"/> EVENING	<input type="checkbox"/> CLASS E - ESTHETICIAN	<input type="checkbox"/> ADDITION HOURS - IF SO, HOW MANY _____	TUESDAY	THURSDAY	SATURDAY	
	<input type="checkbox"/> LOCATION (SPECIFY ADDRESS BELOW)					

<b>SECTION C</b>	I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	APPLICANT'S SIGNATURE
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**SECTION D — COMPLETED BY COSMETOLOGY SCHOOL/SHOP**

THE ABOVE NAMED APPLICANT HAS BEEN APPROVED FOR CHANGE OF STATUS BY OUR SCHOOL/SHOP EFFECTIVE _____ 19 _____. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.		AFFIX SCHOOL SEAL HERE
NAME OF SCHOOL/SHOP	SCHOOL/SHOP LICENSE NUMBER	
OWNER OR REGISTRAR'S SIGNATURE		

**SECTION E — INTERIM CERTIFICATE**

<input type="checkbox"/> ENROLLMENT INFORMATION	<b>INTERIM CERTIFICATE</b>	<input type="checkbox"/> STUDENT
<input type="checkbox"/> ADDITIONAL HOURS		<input type="checkbox"/> INSTRUCTOR TRAINEE
		<input type="checkbox"/> APPRENTICE
NAME	FIRST MIDDLE LAST	DATE
COSMETOLOGY SCHOOL/SHOP NAME		
COSMETOLOGY SCHOOL/SHOP ADDRESS	STREET CITY	ZIP CODE
THIS INTERIM CERTIFICATE:		
1. IS VALID FOR 20 DAYS ONLY		3. MUST BE CONSPICUOUSLY POSTED
2. IS NOT TRANSFERABLE		4. MUST BE DESTROYED UPON RECEIPT OF NEW LICENSE.



MISSOURI STATE BOARD OF COSMETOLOGY  
**APPLICATION FOR EXAMINATION AS  
 REGISTERED COSMETOLOGIST**

TELEPHONE (314-751-1052)

INSTRUCTIONS		PLEASE TYPE OR PRINT LEGIBLY	
1. THE FEE FOR FILING AN APPLICATION IS \$10.00 AND MUST ACCOMPANY THE APPLICATION. REMITTANCE MUST BE BY CASHIER'S CHECK OR MONEY ORDER, PAYABLE TO DIRECTOR OF REVENUE FOR STATE BOARD OF COSMETOLOGY. 2. STUDENT OR APPRENTICE LICENSE AND A CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES (STUDENTS ONLY) MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED. 3. NOTIFICATION OF SPECIAL NEEDS AS ADDRESSED BY THE AMERICANS WITH DISABILITIES ACT SHOULD BE FORWARDED TO THE STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102, OR BY CALLING 314-751-1052 IN ORDER TO ENSURE AVAILABILITY OF ACCOMMODATIONS. THE TEXT TELEPHONE NUMBER FOR THE HEARING IMPAIRED IS 800-735-2966. 4. MAIL COMPLETED APPLICATION AND LICENSE TO: MISSOURI STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102.			
APPLICANT PERSONAL DATA			
I HEREBY MAKE APPLICATION FOR LICENSE BY EXAMINATION TO PRACTICE:			STUDENT NUMBER
<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING <input type="checkbox"/> CLASS CH - HAIRDRESSING			
<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.	FULL NAME	FIRST	MIDDLE LAST
PERMANENT ADDRESS		STREET AND NUMBER	CITY STATE COUNTY ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH		AGE SOCIAL SECURITY NO.
( )	MONTH	DAY	YEAR
FORMAL EDUCATION			
EDUCATION		NAME OF SCHOOL WHERE LAST GRADE COMPLETED	
CIRCLE LAST GRADE COMPLETED 8 9 10 11 12 GED			
SCHOOL ADDRESS		STREET AND NUMBER	CITY STATE COUNTY ZIP CODE
COSMETOLOGY EDUCATION			
TYPE	NAME		SCHOOL/SHOP LICENSE NUMBER
<input type="checkbox"/> SCHOOL <input type="checkbox"/> SHOP			
LOCATION	STREET AND NUMBER	CITY	STATE COUNTY ZIP CODE
DATE ENROLLED	DATE COMPLETED TRAINING		TOTAL NUMBER OF HOURS COMPLETED
MONTH DAY YEAR	MONTH DAY YEAR		
STUDENT AFFIDAVIT			
THE ABOVE NAMED APPLICANT, BEING DULY SWORN, SAYS THAT SHE/HE IS THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE IN EVERY RESPECT.			
<b>MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC</b>		APPLICANT SIGNATURE	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF MISSOURI		COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MO 419-0855 (8-95)



### COSMETOLOGY TRAINING AFFIDAVIT

<b>PERJURY</b>									
<p>1. SECTIONS 6 AND 15 OF THE LAW PROVIDE THAT ANY PERSON WHO WILLFULLY MAKES FALSE STATEMENT UNDER OATH, OR ANY PERSON WHO ENCOURAGES OTHER PERSONS TO SWEAR FALSELY, IS SUBJECT TO FINE AND IMPRISONMENT AND REVOCATION OF LICENSE.</p> <p>2. BOTH APPLICANT AND SCHOOL/SHOP OWNER SHOULD BE SURE THAT THE FOLLOWING IS TRUE AND CORRECT.</p>									
<b>TO BE COMPLETED BY SCHOOL/SHOP WHERE TRAINING WAS RECEIVED</b>									
NAME OF APPLICANT									
NAME OF SCHOOL/SHOP									
ENROLLMENT DATE			TOTAL TRAINING TIME			COMPLETION DATE			TOTAL HOURS COMPLETED
MONTH	DAY	YEAR	MONTHS	DAYS	MONTH	DAY	YEAR		
<b>TRAINING INFORMATION</b>									
LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED APPLICANT IN EACH OF THE SUBJECT AREAS.									
SUBJECT			TOTAL HOURS		SUBJECT			TOTAL HOURS	
SHAMPOOING OF ALL KINDS					MANICURING, HAND AND ARM MASSAGE, TREATMENT OF NAILS				
HAIR COLORING, BLEACHES AND RINSES					COSMETIC CHEMISTRY				
HAIR CUTTING AND SHAPING					SALESMANSHIP AND SHOP MANAGEMENT				
PERMANENT WAVING AND RELAXING					SANITATION AND STERILIZATION				
HAIRSETTING, PIN CURLS, FINGERWAVES, THERMAL CURLING					ANATOMY				
COMBOUTS AND HAIR STYLING TECHNIQUES					STATE LAW				
SCALP TREATMENTS AND SCALP DISEASES					MISCELLANEOUS LECTURES AND TEST REVIEW				
FACIALS, EYEBROWS AND ARCHES									
					TOTAL OF SUBJECT HOURS				
<b>SCHOOL/SHOP CERTIFICATION</b>									
STATE OF _____ COUNTY OF _____    MY COMMISSION EXPIRES ON _____			SCHOOL/SHOP NAME						
			OWNER/MANAGER					TITLE	
			BEFORE ME PERSONALLY APPEARED (OWNER/MANAGER)						
			OF THE ABOVE-NAMED SCHOOL OR SHOP AND MADE OATH AND SAID THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF HOURS SPENT BY						
			IN THE ABOVE-NAMED SCHOOL OR SHOP.						
			SWORN AND SUBSCRIBED TO THIS			DAY OF		AD. 19	
			NOTARY SIGNATURE						

MO 419-0855 (8-95)



MISSOURI STATE BOARD OF COSMETOLOGY  
**APPLICATION FOR EXAMINATION AS  
 REGISTERED MANICURIST**

TELEPHONE (314-751-1052)

INSTRUCTIONS		PLEASE TYPE OR PRINT LEGIBLY	
1. THE FEE FOR FILING AN APPLICATION IS \$10.00 AND MUST ACCOMPANY THE APPLICATION. REMITTANCE MUST BE BY CASHIER'S CHECK OR MONEY ORDER, PAYABLE TO DIRECTOR OF REVENUE FOR STATE BOARD OF COSMETOLOGY. 2. STUDENT OR APPRENTICE LICENSE AND A CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES (STUDENTS ONLY) MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED. 3. NOTIFICATION OF SPECIAL NEEDS AS ADDRESSED BY THE AMERICANS WITH DISABILITIES ACT SHOULD BE FORWARDED TO THE STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102, OR BY CALLING 314-751-1052 IN ORDER TO ENSURE AVAILABILITY OF ACCOMMODATIONS. THE TEXT TELEPHONE NUMBER FOR THE HEARING IMPAIRED IS 800-735-2966. 4. MAIL COMPLETED APPLICATION AND LICENSE TO: MISSOURI STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102.			
APPLICANT PERSONAL DATA			
<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.	FULL NAME	FIRST	MIDDLE
			LAST
			STUDENT NUMBER
PERMANENT ADDRESS		STREET AND NUMBER	CITY STATE COUNTY ZIP CODE
TELEPHONE NUMBER ( )		DATE OF BIRTH MONTH DAY YEAR	AGE SOCIAL SECURITY NO.
FORMAL EDUCATION			
EDUCATION CIRCLE LAST GRADE COMPLETED 8 9 10 11 12 GED		NAME OF SCHOOL WHERE LAST GRADE COMPLETED	
SCHOOL ADDRESS		STREET AND NUMBER	CITY STATE COUNTY ZIP CODE
COSMETOLOGY EDUCATION			
TYPE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SHOP	NAME		SCHOOL/SHOP LICENSE NUMBER
LOCATION		STREET AND NUMBER	CITY STATE COUNTY ZIP CODE
DATE ENROLLED MONTH DAY YEAR		DATE COMPLETED TRAINING MONTH DAY YEAR	
			TOTAL NUMBER OF HOURS COMPLETED
STUDENT AFFIDAVIT			
THE ABOVE NAMED APPLICANT, BEING DULY SWORN, SAYS THAT SHE/HE IS THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE IN EVERY RESPECT.			
<b>MUST BE SIGNED IN                      PRESENCE OF NOTARY PUBLIC</b>			APPLICANT SIGNATURE
NOTARY PUBLIC EMBOSSEER SEAL	<b>STATE OF MISSOURI</b>		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 419-2131 (8-95)